



# *What works? What fails?*

## FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT



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Navrongo Health Research Centre

### AKULPOKA'S DAILY BREAD

"My name is Lawrencina Fanga, and I am a Community Health Officer (CHO) stationed in Doba. I am married with children. I am one of the very first to be trained as a Community Health Officer to start the Pilot project of the Community Health and Family Planning Project launched in the Kassena-Nankana District in 1994.

Doba is a small community south of Navrongo central in the Upper East region. It shares borders with Kandiga in the east and Nayagnia in the north on the Navrongo-Bolgatanga road. Its operational total population is 3,751. Children 0-11 months are 150, 0-23 months are 300, 0-5 years are 750, WIFA is 750 and expected pregnancy is 150. Almost half of the population is illiterate and their main occupation is farming. However, a handful of women are into petty trading.

As a CHO, I live in the community. They come for health services at any time. My schedule includes offering family planning, child welfare, antenatal services, school health inspection, health education talks, home visits, deliveries, post-natal services and outreach.

I work 24 hours around the clock! As early as six o'clock in the morning sick people and family planning clients arrive in the Community Health Compound (CHC) for treatment or counseling. After attending to all of them I leave for home visits.

Before I leave I indicate on the notice board the names of the compounds I am visiting and the names of the compound heads so that in case of an emergency or when a supervisor comes around he or she would know where to trace me. When going out on compound visits, I carry a rucksack containing the following items; cluster register which bears the names of women and children of that cluster, family planning register containing the names of family planning clients, treatment book for minor ailments, antenatal cards for registering new pregnant women, family planning cards and identity cards for new registrants. In terms of drugs I carry paracetamol and chloroquine, both in tablet and in syrup; family planning devices such as Depo-Provera, the oral contraceptive pill, male and female condoms. I also carry with me some health education posters and leaflets for health education talks.



**Lawrencina Fanga moving out in search of those  
who need her services**

When I get to the cluster where I am to work, I move from one compound to another. I work a minimum of seven compounds a day. When I enter a compound I ask about the health of people in the compound and

then ask the landlord for permission to start my work. I introduce myself and the work I do in the community. I then proceed to talk based on my observation of the compound. I also ask them about their



**Health messages are tailored to the needs of both young and old**

health needs. If I can solve them I proceed to do so, if not I refer them to the nearest health post. I treat people and give women their repeated family planning doses and also sell family planning devices to those who request them. I usually return to the community health compound at about 2:00 pm to find more sick people and family planning clients waiting for me. Instead of retiring and taking a rest like the hospital staff who close after their shift, I continue to attend to patients as I prepare food for lunch which ends up to be my supper. I often retire between 8:00 and 10:00 pm. It is not only quite normal but also actually a regular practice for people to come and wake me up at midnight for medical attention.

The work is very challenging and interesting. What motivates me is the results that I see—the number of preventable diseases and needless deaths that I help prevent in the community. When someone falls ill or when there is an emergency, I am there! I am the Community Director of Health Services. But it is not all roses. One of the biggest problems is that people want me to use my motorbike as an ambulance to send patients to the hospital. Another problem is with drugs. When people buy drugs they are not able to pay for them on the spot even though the drugs are reasonably priced to make them affordable. Self-medication is also a regular phenomenon and patients often fail to go for full treatment. The work of a Community Health Officer has really helped me. I have gained self-confidence and I am now also able to plan my own work schedule.”



**Pushing health indicators up by bringing temperatures down**

***Send questions or comments to: What works? What fails?***

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